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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	THE BELLIN Name of Lin	6 GROUP L	LC
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	•
	GARY LT	SELLING	
	,	Name of Person	
		Firm/Company	
	1100 SANDA	L LN #11	
	ANAMA CITE	Address BACH Bity/State and Zip Code	Allas STATE
	E-mail address: (to be used	d for future annual report notifica	ation) E E
For further information	on concerning this matter, plea	ase call:	
GARY Na	BELLINE at (Area Code Daytime Te	0378 dephone Number
Enclosed is a check for	or the following amount:		•
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u> Reg	iling Address gistration Section	Street/Courier Adda Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE J - Name:

The name of the Limited Liability Company is:	
THE BELLING GROUP LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
PANAMA CITY BEACH, FL. 32413	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)	erak son
The name and the Florida street address of the registered agent are:	- - - - - -
GARY L BELLING Name 5	Prince.
1100 SANDE HIDI	
Florida street address (P.O. Box NOT acceptable)	
PANAMA CITY BEACH FL 32413 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability continuous the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act is capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided. Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	n this rmance
(CONTINUED)	

Page 1 of 2

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 8/25/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: B 25/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:		GARY L BEWNG 1100 SANDAR UN 1101 PANAMA CUTY BEACH, FR 3241
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: B 25/2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:		ZEL AUG
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Filing Fees:	ffective date is listed, the date must be specifie of filing.) LE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
	REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information.)	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State
\$ 30.00 Certified Copy (Optional)	REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)

ARTICLE IV-